

## **Document 4a**

DATE	SYMPTOMS, Dif.	DIS. TREATMENT	TREATING DR.	ACTION (Sign each entry)	
				CLINIC(S):	( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infections ( ) Endocrinics ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General ( ) Other:
			HTR		
SUBJECTIVE: (Chief Complaint)  1/20/05 <i>fever - work union</i> 102.1					
Med. Compliance:					
OBJECTIVE: (Review System) Age: <i>40yrs</i> Sex: Male Race:					
B/P: <i>120/70</i>	WT <i>205</i>	T: <i>102.1</i>	R/R: <i>16</i>	SPO2%: <i>98</i>	Peak Flow:
HEENT: <i>O/C</i>	Last Op / Opth. Eval.:				
Heart: <i>O/R</i>					
Lungs: <i>C/L</i>					
Abdomen:					
Genital / Rectal:					
Extremities:					
Neuro:					
Recent Lab Results:					
ASSESSMENT(S):					
DSM IV Classification					
Axis I:	Axis IV:				
Axis II:	Axis V: GAF Score:				
Axis III: <i>BPOX</i>					
Preventive Care:	Diet: <i>water</i>	Exercise: <i>yes</i>			
Tobacco Use: <i>no</i>	Medication Side Effects:				
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED		
SPONSOR'S NAME	CSN/HO NO.	RELATIONSHIP TO SPONSOR			

CLIENT IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank/Grade	REGISTER NO.	WARD NO.
	<i>41928-053</i>	
CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record		
ST	RD FORM 600 (REV. 6-97)	
PR	Printed by GSA / CMR	
ED	144 DEPT/01/2005	

*Anthony Allen*

DATE		SYMPTOMS, DIAGNOSIS, TREATMENT / TREATING ORGANIZATION (Sign each entry)									
Pain Level:	<u>2</u>	3	4	5	6	7	8	9	10		
PLAN:											
<p>Patient Education:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan</li> <li><input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention</li> <li><input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking</li> <li><input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects</li> <li><input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Verbalized Understanding</li> <li><input checked="" type="checkbox"/> Instructed if Problems or if running out of medication, should sign up for sick-call or send co-op-out.</li> </ul>											
<p>Diagnostic Studies:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CBC / Dif <input type="checkbox"/> U/A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input checked="" type="checkbox"/> HgA1c</li> <li><input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel</li> <li><input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:</li> </ul>											
<p>Consultations:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon</li> <li><input type="checkbox"/> Others:</li> </ul>											
<p>Referral for Vaccination:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:</li> </ul>											
<p>Return to Clinic for routine Follow-Up on: <u>5 mo.</u></p>											
<p>Treatments(s):</p>											
<p><i>VH</i></p> <p><i>REINHOLD MD EGO MCKEAN</i></p>											

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/29/04	Admin. Note - TBPs c & Hx med/s on HTN
1030h	RTG - BP ✓ Feels well - Experiencing & adjust diet & salt (VS) 147/92, 74, 12 Mechanical Auto DINAMAPP 132/92, 72, 12 Manual RT Pzrn 134/88, 74, 12 Manual LT. Pzrn
	RTG Per Schedule & Pzrn CCC of if agree Concord / educate. Understands / agrees.
	<i>PZ</i>

Robert E. Plotrowski, PA-C  
FCI McKean

12-6-04	Admin Note - Elev. BP c Pmed.
1115h	RTG - BP ✓ WT. 202# Continue Diet Cx - Pmed Sodium & Eliminate DINAMAPP 136/88 Manual 138/90 Refer CCC - HTN) - RTG Per Schedule Pzrn Educ/underst / agrees <i>PZ</i>
	<i>PZ</i>
	<i>RE APPROVED FCI</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.  
*40428-053*

WARD NO.

*Allen, Anthony*

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1



## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

3/2/04 Intake Screening, EHM J. Fleming, EMT-P

Review by J. Olson, MD

Date 3/6/04

FCI McKean

3/3/04

Ndm Pct

0700

Rx C1 PCN 500g QID #12

Sgt

Steven Labrozzi, RPh  
Pharmacist

D. Olson, MD

Clinical Director

3/3/04

Inmate requested Hx & P completed  
0835 Hx. st. inguinal hernia repair  
or problem? EHM J. Glenn FNP-CJ. Glenn, FNP-C  
FCI McKean

7/1/04

(1) Wants information on kidney  
failure, states saw people in  
a hospital w/ kidney failure, he  
has no symptoms

(2) exam differed no symptoms

(3) requests information

(4) Educated on kidneys &amp; failure

J. Glenn FNP-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)REGISTER NO.  
4042D-853

WARD NO.

A. H. Anthony

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/24/04 0800	s' requests Bisacodyl. States one en commission does not work well enough for him. States vitamins cause him constipation. States fiber is too slow.
0: NAD	
	Heart: RRR
	Lungs: (TA isolated)
	Abd: soft, nontender.
A: medicine request	
P①) Education - don't take vitamins, ↑ fluids, exercise - Pt understood. (2) Pt x PRN	<i>Cecily ME</i>
	Eric Asp, PA-C FCI McKean
10-18-04 0810	② WANTS ECG .... worried about C-V disease (② Fm Hx) ② NAD BP = 130/86 HR = 60 SaO <sub>2</sub> = 99% 135/85
	② Suspected condition, nothing found. Cardiovascular ✓
①	1. ECG 2. Lipids already done "6 wks ago" (not yet in record) 3. Pt ED: CV healthy diet smokes exercise ↓ salt 4. Pt understands. 5. ECG prn 6. BP rev x2 at 3 wk intervals
11/8/04	Admin note:
1100	BP V 140/80 s: Hrg (R) arm
	<i>Cecily ME</i>
	Eric Asp PA-C

USMCFP SPRINGFIELD

MEDICATION SUMMARY

PAGE: 1

01/30/2004

THRU ~~02/22~~

06:44

USMCFP - SPRINGFIELD

SPRINGFIELD, MO

ALLEN, ANTHONY, 40428-053, SPG, S03-013L

## Active Prescriptions

PENICILLIN VK 500 MG TAB

TAKE ONE TABLET BY MOUTH FOUR TIMES DAILY FOR 10 DAYS

Dr. McDermott DS

ORDERED: 01/27/2004 EXP: 02/05/2004

40.0 TAB in 3 day(s)

RENEWED: EXP: 02/05/2004

13.3 / 24 hours

Rx for Tru-Stor  
n.s.t.  
1/30/04

Transfer MCK  
Via Air  
2-2-04

7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

		SYMPTOMS	DIAGNOSIS	TREATMENT, TREATING ORGANIZATION (Sign each entry)
DATE	Date	Inmate Name	Allen, Anthony	Register Number 40428-053
Time	0820	S	Co painful dy, cracking, feeling sols of feet; no relief in vaseline products	
Chart # 1A		FAXED <i>Pham 503</i>		
		A	DATE: 1-27-04 INIT: B 0821	
		<p>P A+Dointment: apply to areas B10 X 7d</p> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>Provider: KEVIN J. KELLY, G.A.C. <i>Cherry KC</i></p> </div> <div style="flex: 1;"> <p>MCFP - SPFD      BP-355(60) January 1981</p> </div> </div>		
01-28-04		ADMINISTRATIVE NOTE: Copies were made per patient request, excluding		
0945		HIV results. These copies include: Labs 12-29-03 to 12-22-03; Surgical Consultation 12-23-03; Operation Report 01-09-04. A total of 9 pages copied. <i>CHENON RHIT</i> Chip Hendon, RHIT, Medical Records Administration Specialist		
1/27/04		Inmate Name	Allen, Anthony	Register Number 40428-053
1450		S	Swelling buccal #5	
enr.?? Aff		O	Festness #5	
So. I		A	Periapical abscess #5	Peri VIT sevng gld + 100%
		<p>P Will call for endo procedure E. Abscess above</p> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>HOSP:</p> </div> <div style="flex: 1;"> <p>SPON:</p> </div> </div>		
USP LVN		<p>Federal Bureau of Prisons</p> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>Provider: PATRICK McDERMOTT D.D.S. DENTAL OFFICER</p> </div> <div style="flex: 1;"> <p>BP-355(60) January 1981</p> </div> </div>		
<p>PATIENT'S IDENTIFICATION: (For typed or written entries, give Name - last, first, middle, ID No or SSN. Sex: Date of Birth: Rank/Grade.)</p>				
		REGISTER NO	WARD NO	

ALLEN, ANTHONY  
40428-053  
MCFP SPG MO  
DOB 05-02-54

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/CMR  
FIRE (41 CFR) 201-9.202-1

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/12/04	S - POD #3 N. C <sub>65</sub> - still draining
0710	O - T-97' Ave. C, D - I no comment Drainage noted to RIA instant
	A - S/P RIA
	P.O. May RTG
	② Favored Tylenol #3 i.r. po. TID x 48 <sup>hrs</sup> pm
	③ Convalescence - No heavy lifting > 10 <sup>lb</sup> x 4 weeks minimum
	④ Flu in Dr Brent Rotton clinic KEVIN J. KELLY, PA-C
1/20/04	<i>Kelly, PA-C</i>
1/21/04	Adam Note
1/31/04	Refill Tylenol #3 i.r. po TID pm x 14 days
<b>FAXED</b>	
PHARM	503
DATE: 1-13-04	INIT: <u>MMW</u>
	1332
1-13-04	Caren Sudsy
1000	very well using Sudsy pain controls
	Incision site <sup>rotator</sup> flx kept cold
	<i>B. Rotton</i>
	David Brent Rotton, DO
	Consultant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
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SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR
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PATIENT'S IDENTIFICATION (For typed or written entries, give Name - last, first, middle, ID No or SSN, Sex, Date of Birth, Rank/Grade.)	REGISTER NO	WARD NO
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ALLEN, ANTHONY  
40428-053  
MCFP SPG MO  
DOB 03-02-64

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV 6-97)  
Prescribed by GSA/ICMR  
FIP 11 CFR) 201-9.202-1

DATE	SYMPTOMS, L. GNOSIS, TREATMENT, TREATING ORG	ZATION/Sign each entry!
1/14/04 1230	SIND. Colore 106- 1 f & ad x 7d	
FAXED PHARM 503		K. KELLY, P.A.C. <i>[Signature]</i>
DATE: 1-14-04 INIT: <u>WFO</u> 1315		

1-20-04 Ben Sust

8920 ✓ P4 doing very well

Excision looks great. Evidence of  
healing二期  
will do staples Flu Pro

Order (✓) DC Skin Staples

David Brent Rotton, DO  
Consultant

*Brent*

b: Transfer + Discharge Summary Dictated

RTC - pm  
*[Handwritten Signature]*

KEVIN J. KELLY, P.A.C.

*[Signature]*

1/21/04 son - to constipation d<sup>r</sup> med.

1000 P.O. Dulcolax 5mg i-t f-d ad pm x 3d H<sub>2</sub>O  
E-O 1 fluids

KEVIN J. KELLY, P.A.C.

*[Signature]*

FAXED  
PHARM 503

DATE: 1-21-04 INIT: WFO  
1017

STANDARD FORM 600 (REV. 6-97) BACK

ALLEN, ANTHONY  
40428-053  
MCFP SPG MO

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

11/04 cont  
11/04 0730 ART surgical procedure sp RTH Post#1 Cont. to monitor for changes & monitor pain response.  
B. COLTON, RN

11/04 0800 S: No complaints. O: Awake, resting quietly in bed, reports being pain free, VSS, assessment essentially unchanged. P: Stable & A pain intervention. Cont. to monitor. B. COLTON, RN

1-10-04 0800 D/c g 4 hr vital signs.

Noted  
1-10-04  
1520

Dr. Hare / Awikenning A. WILKENING, RN

A. WILKENING

THOMAS HARE, D.O.

1-10-04 1100 S: No complaints. O: Alert & oriented x 3. Up ad lib ambulating on unit. Skin W/L Color WNL. Resp regular & nonlabored. P: ing. hernia drsg c sm. amt pink drng to drsg. Instructed to shower today. Had last dose of msos 4 mg IVP @ 0955 & replace d/c'd c cath intact. NAD noted. P: Cont to monitor. Awikenning A. WILKENING, RN

1-10-04 1400 S: No complaints voiced. O: No change in assessment. NAD noted. P: Cont to monitor. Awikenning A. WILKENING, RN

1-10-04 1700 S: No complaints voiced. O: No change in assessment. NAD noted. Showered. P: Cont to monitor.

Awikenning A. WILKENING, RN

HOSPITAL OR MEDICAL FACILITY

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SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give Name - last, first, middle; ID No or SSN. Sex: Date of Birth: Rank/Grade.)

REGISTER NO.

WARD NO

ALLEN, ANTHONY  
40428-033  
MCFP SPG MO  
DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Pres. by GSA/ICMR  
FIF 11 CFR) 201.9.202-1

DATE	SYMPTOMS, I GNOSIS, TREATMENT, TREATING ORG	ZATION (Sign each entry)
1-10-04 2:00	SOP: Resp even/labored. A+O X 3. Quiet voice is hard to hear. Primopore x2 dry & intact to (R) ↓ abdomen. Took po pain med. Cont to monitor. <u>WELL</u>	N. WELLS, RN
1-11-04	24° ✓ n	
1-11-04 00:15	SOP: Resting quietly. No changes. <u>un</u>	
1-11-04 06:00	SOP: Resp even/labored. A+O X 3. Primopore x2 C/D/I to (R) ↓ abdomen. Cooperative. Cont to monitor. <u>un</u>	
1-11-04 11:00	S: No complaints voiced. O/A: Alert & oriented x 3. Up and lib ambulating on unit. Sic in Ld. Color wnl. Resp regular at nonlabored. (R) 1H drsg C/D/I. (R) LE neurovascular status wnl. Instructed to shower & change drsg. Verbalized understanding. NAD noted. P: Cont to monitor. <u>A. WILKENING, RN</u>	
1-11-04 14:00	S: No complaints voiced. O/A: No change in assessment. NAD noted. P: Cont to monitor. <u>A. WILKENING, RN</u>	
1-11-04 17:00	S: No complaints voiced. O/A: No change in assessment. NAD noted. P: Cont to monitor. <u>A. WILKENING, RN</u>	
1-11-04 21:00	SOP: Resp even/labored. A+O X 3. Polite. Dsg C/D/I to (R) ↓ Abdomen. Cont to monitor. <u>un</u>	N. WELLS, RN
1-12-04	24° ✓ n	
1-12-04 00:15	Resting quietly, No changes noted. <u>un</u>	N. WELLS, RN
1-12-04 06:00	SOP: Resp even nonlabored. A+O X 3, Dsg C/D/I to (R) ↓ Abdomen, Cooperative. Cont to monitor. <u>un</u>	N. WELLS, RN

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1-9-04	<p>STAY ASSESSMENT</p> <p>1030 Time of Arrival: 0400+ T 98<sup>3</sup> P 61 R 20 BP 136/77 Hg 97% RA</p> <p>REASON FOR ADMISSION: S/P (R) ing. hernia repair</p> <p>ALLERGIES: NKA</p> <p>REACTIONS: N/A</p> <p>MEDICAL/SURGICAL HISTORY: See chart.</p> <p>NP-COMMENTS: Alert &amp; oriented x3. Resting in bed. Skin w/o. Color WNL. Resp. regular &amp; nonlabored. P/Bing drsg. C/S/I. P/LE neurovascular status. Ice pack in place. No void @ this time. Monitor.</p> <p>E/EDUCATION: Oriented to unit policy, call light, bed controls &amp; post-op orders. Verbalized understanding.</p> <p style="text-align: right;">A. WILKENING, RN AlwerningRN</p> <p>1-9-04 1330 S: No complaints voiced. O/A: No change in assessment. WAD noted. P/gain drsg &amp; scant amt pink drsg. showing thru drsg. Ice pack refixed &amp; in place. No void yet. P/Cont to monitor.</p> <p style="text-align: right;">AlwerningRN A. WILKENING, RN</p> <p>1/9/04 1700 S) "Can I have something for the pain?" O/A: Resting in bed. Resp eupneic on RA. Skin w/o, color WNL. (L) hand heptlock intact - flushes easily &amp; brisk blood return - site s redness, edema or drainage. Abd. drsg (Primapore) intact - scant amt. of pink drainage noted thru drsg. SR ↑ x 2, call light in</p>

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN ID NO

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give Name - last, first, middle, DOB or SSN; Sex:  
Date of Birth, Rank/Grade.)

REGISTER NO

WARD NO

ALLEN, ANTHONY  
40428-053  
MCFP SPG MO  
DOB 05-02-64

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV 6-97)  
Prescribed by GSA/ICMR  
FIR' 11 CFR 201.9.202-1

DATE SYMPTOMS, D. GNOSIS, TREATMENT, TREATING ORG ZATION (Sign each entry)

1/9/04 1700 Urach. Urinal @ bedside & approx 200cc of  
clear yellow urine. P) Med for 4/0 pain - see  
MTK & pain mgmt. flow sheet for times &  
responses. ————— Spaulding —————

1/9/04 2100 S) "I'm alright." O/A) Resting in bed. Essentially no Δ in prior assessment. Declines need for pain rx @ present. Voiding 3 difficulty, adeq. annts. of clear yellow urine via uriket. NAD noted @ this time. P) cont. to monitor —  
\_\_\_\_\_  
D. SPAULDING RN

1/10/04 0055 24<sup>o</sup> chart ✓ at MEDICATION AUDIT 1/9-11/04 B. Colton, RN  
B. COLTON, RN

11/04/0310 SJ D/o voiced. D/wake, alert during count, pt. asked if he was in pain to which he shakes his head in a "yes" fashion. Offered choice of pain med to which he requested the injection. After retrieving the requested med, @ bedside he denies having pain & is withheld. Neoplock to D/had to drag CDTI, et S/S of injection. Resens equiv, skin w/BS color WNL, NDS noted. A) Communication mis-understanding. D) will cont. to monitor for changes  
B. Colton RN

11864 04/30 S) "Can I get my pain medicine - The shot?"  
D. Dosing (3 intervals) 5 acute distress; Reptile flushed  
per protocol c. D.bld return noted, IVS 4mg given  
SINP et flushed per protocol. See pain management  
flow sheet for pain assessment. Dose to R ingival area  
to sm amt. of milk drainage noted to drsg. A) Pain

Allen, Anthony  
40428-053

NSN 7540-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)			
1-9-04	14 here for RTH P/B Discrepancy all Os Augmented Hyp /percut on Chest Site Signs Ready for Surgery			
	352			
1-9-04	OPERATIVE NOTE: PRE-OP RTH POST-OP R&H OPERATION RTH ANESTHESIA Eas SURGEON Brent Reiter FINDINGS Lungs Indirect CONDITION Eas w/ PROGNOSIS Tol well to PR Stress PLAN			
1-9-04	POST-OP ORDERS			
0915	1) To Rd Sp RTH 2) VS q 4 <sup>o</sup> 3) Feed to incision x 24 hrs 4) Cleanse incision daily & Soak (H2O) 5) Phenegren 12.5 mg IV q 4 <sup>o</sup> prn N/V 6) MS 4mg IV q 1 <sup>o</sup> pr Break thru pain 7) Percocet 1-2 PO q 6 <sup>o</sup> prn pain R/H			
			DATE: 1/10/04	FAXED
1000				1/10/04
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT	
NOAD				
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR		
Allen, Anthony Baptist 8/1/04				
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.	WARD NO.

ALLEN, ANTHONY  
40428-053  
MCFP SPG MO  
DOB 05-02-64

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM 41 CFR 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1-9-04 6915 <i>noted Bainton 1/9/04 0900</i>	<p>(Cont) → 6P orders</p> <p>8) Resum green mucus today 9) Flu Clinic next week.</p> <p><i>Bobs</i></p>
1-9-04 0920 01 3 P 136180 HIPS 6 SUR 100 Hipskin 6000	<p>Staph and MRSA bacteraemia appear complicated</p> <p>P Release from Bobs</p> <p>E After discussion it appears understandable HIPS 6000 Bantoon Bainton</p>
1/9/04 <i>noted Bainton 1/9/04 0930</i>	<p>Give ms as previously ordered x 24 hrs</p> <p>Give ferocet as previously ordered x 7 days</p> <p>TO Bantoon Bainton</p> <p><b>FAXED</b> to Pharm</p> <p>DATE: 1/10 INT: 60</p> <p><i>Bobs</i></p>
	<p>1-4</p> <p>ALLEN, ANTHONY 40428-053 MCFP SPG MO DJB 03-02-64</p>
	<p>PHARMACY COPY STANDARD FORM 600 (REV. 6-97) BACK</p>

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

## R &amp; D ORDERS

12/18/03

Assigned to *Sgt.*

Service

1030

Admission Diagnosis:

*(2) Inguinal hernia.*

## INSTITUTION ADMISSION ORDERS:

*W/M*  
**Profile A, CBC, RPR, TSH (Mental Health Only), UA, and Drug Screen if Self-Surrender,  
Hepatitis Markers B & C (unless positive), \*HIV (unless Positive),  
EKG (regardless of age - 10 Building/Mental Health) and (over 40 years of age Medical/Surgical)  
Chest X-ray (if over 50 y/o)**

To be done by next working day after admission.

\*[HIV &amp; HbsAg are tested if break in service or greater than 30 days old]

Diet: *No meat*Medication/Procedures: *NKA**1 - Dulcolax 5 mg # P.O. 11-5. x 1*
*T. Albuquerque  
Physician Assistant  
ICFP*

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT			
PATIENT'S NAME (Last, First, Middle initial)			SEX
<b>ALLEN ANTHONY GEORGE</b>			
B/M/O/05-02-1964			40428-053
HT/5'11 WT/200			RANK/GRADE
CUSTODY/IN			ZATION
DEPART/SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL C/

STANDARD FORM 600 (REV.5-84)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
12/23/03 0920	S- 39 yo Jamaican ♂ i RIH x 6-7 yrs partially reducible, getting longer ① A ⚡ RIH ② Ess. H.m. ③ Admit to Surg Service ④ Routine Lab ⑤ Consult to Consultant surgeon eval for RIH repair	Hr P updated
	THOMAS HARE, D.O. MEDICAL OFFICER	KEVIN J. KELLY, PA-C
12/23/03 1030	SOPA - See consultation sheet by Dr. Bottom ① P ⚡ Schedule c Dr. Brent Bottom on 1-4 for RIH repair. c plug + patch	MICFP - SPED Bottom
	THOMAS HARE, D.O. MEDICAL OFFICER	KEVIN J. KELLY, PA-C
1/7/04 0845	Adm Note Ambusin prnq 39 yo ♂ for RIH repair PH HTN Hypertension Lab 3d G(odd) crwn ASAT adequate risk II) general ETT NKDA ① NPO = 2 maw 1/8 for 1/2 surgery ② Dexamet 25 mg Cdx, 25mg imd 1/2 prnq	MICFP - SPED Bottom
Noted Blair 1/7 1030 1400	<i>Heinkel Dr.</i>	Heinkel Dr.
	ALLEN, ANTHONY 40428-053 MCFP SPO MO DOB 05-02-64	4 MCFP SPO MO

SN7540-00-634-4176

600-108

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

## INITIAL NURSING NOTE

12/16/03

S: Reason for admission (in patient's own words) (pt has (R) in visual field)  
 7830  
 "Hernia surgery"

Medication/treatment(s):

Previous Hospitalization/Surgery(s):

O: TPR 68-18 B/P 124/76 Height/weight 6' 1196

## Pain Assessment

Are you Having Pain? Yes  No 0 1 2 3 4 5 6 7 8 9 10

Location	Intensity	Frequency	Duration
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## FALL RISK ASSESSMENT

History of falls, #'s  Dizziness/imbalance,  General Weakness,  Incontinence,  Decreased mobility

## SKIN INTEGRITY RISK ASSESSMENT

Bed/Chair confined,  Inability to move,  Incontinent,  Poor Nutrition (intake),  Lowered mental

## ALLERGIES:

Foods:  NKA (List)

Medications:  NKA (List)

(Continued on back side)

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Allen, Anthony  
 404128-053  
 5/2/64

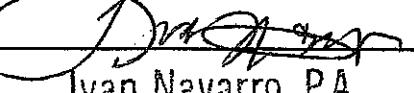
RECORDS MAINTAINED AT		
PATIENT'S NAME (Last, First, Middle initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH



BP-S659-60 MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN TRANSIT CDFRM  
MAY 99

U. S. DEPARTMENT OF JUSTICE

**FEDERAL BUREAU OF PRISONS**

TB Clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1. PPD Completed: <u>9/3/03</u> Date	Name <u>Allen, Anthony</u>	Prisoner/Alien Reg. # <u>40428-053</u>	D.O.B. <u>3/2/64</u>
Results: <u>OXO</u> mm	Departed From <u>MCIKan</u>	Date Departed <u>12/11/03</u>		
2. CXR Completed: _____ Date _____	Destination <u>SPGms</u>	Reason for Transfer <u>SPG ms (medical)</u>		
Results: _____	Dist. Name	Dist.#	Date in Custody <u>1/1/04</u>	
3. Health Authority Clearance: <u>Cleared</u> <u>NCIA 12/9/03</u> Sign _____ Date _____	Current 1. <u>(R) Inguinal Hernia</u>			
Note: Dates listed above must be within one year of this transfer.	Medical 2. <u>Recent Alleviated tooth</u>			
	Problems 3. <u>FCT Bowel Sigmoid</u>	<u>U/R</u>		
Medication	Dose	Route	Instructions For Use (Include proper time for administering)	
			Medication Required For Care En Route ( <u>7AM, 12:00, 7pm</u> )	
			<u>CTM 4mg i/p tid #15 Then Discont</u>	
			<u>Simephaeon 80 mg i/p tid +30 Then D15 (contine</u>	
			<u>(7am, 12:00, 7pm)</u>	
			<u>no med makes my round</u>	
 <u>Ivan Navarro, PA</u>				
Additional Comments - Blood and Body Fluid Precautions				

## Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name - Certifying Health Authority <i>John Doe, RN</i>	Phone Number <i>210-312-8900</i>	Date Signed <i>12/10/03</i>

Record copy - Transporting Officer; Copy - Health Record (TOP page Position one); Copy - Transferring Institution

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
	CLINIC(S): ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infectious ( ) Endocrine ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General ( ) Other: <i>Pregnancy</i>		
12/9/03	SUBJECTIVE: (Chief Complaint):  <i>still having @ upper incisor on ASK            Hemia stable - ambivalent            about having tooth pulled</i>		
	OBJECTIVE: (Review System) Age: 39 Sex: Male Race: B/P: 120/70 P: 70 Wt: 202 T: R/R: SO2%: Peak Flow: O2 Sat: 98% Last Op/Oph. Eval:		
	HEENT: <i>OK</i> Heart: <i>OK</i> Lung: <i>clear</i> Liver: <i>normal</i> Abdomen: Genital/Rectal: Extremities:		
	Neuro: Recent Lab Results:		
	ASSESSMENT(S): DSM IV Classification Axis I: Axis II: Axis III: <i>② by Hemia Abnormal test</i> Preventative Care: Diet <i>written</i> Exercise <i>some</i>		
	Tobacco Use: <i>No</i> Medication Side Effects: <i>no</i>		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
INSURER'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO. 40420-053 WARD NO.

Anthony Allen

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 6004REV. 6-97  
 Prescribed by GSA/ICMR  
 FTM IR (41 CFR) 201-9.202-1

STANDARD FORM 600 (REV. 8-97) BACK

NSN 7540-00-834-4176

## **MEDICAL RECORD**

## **CHRONOLOGICAL RECORD OF MEDICAL CARE**

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 11428-053	WARD NO.

Anthony Green

## **CHRONOLOGICAL RECORD OF MEDICAL CARE**

## **Medical Record**

WARD NO.

**PATIENT'S IDENTIFICATION:** (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)

**REGISTER NO.**

40498-053

**WARD NO.**

**STANDARD FORM 600 (REV. 6-97)**  
Prescribed by GSA/ICMR  
**FIRMR (41 CFR) 201-9.202-1**